

MONTEFIORE MEDICAL CENTER
HENRY AND LUCY MOSES DIVISION
THE JACK D. WEILER HOSPITAL OF THE
ALBERT EINSTEIN COLLEGE OF MEDICINE

PATIENT PROGRESS OBSERVATION RECORD

GILADI
P.O. BOX 127
MILBOURNE

P. O. N. I.

WJ 07041

FOR 03-05-52

SS 112-64-3264

40 pages

ACCT 60189183

If no plate, patients's name, adm. no., sex & Doctor

EVERY ENTRY MUST BE DATED & SIGNED

DATE	OBSERVATION
9/26/93	<p>PT 4/22, see 9/7-9/10 for pneumonia</p> <ul style="list-style-type: none"> - had improved for 3-4 days - + now cough + night. - have "scattered" PTs on T. oral 100mg TID for 9/10 for chemo but pt is due for MRI tomorrow - PT was ex 14 days course PCP, + pharynx - - No other notes at present <p>T98.7 - TMS, good left + right.</p> <ul style="list-style-type: none"> - Neural crest - PND - That pt must 5 exerts - Vol - supple - 5 mds - - Log - see to H-H <p>A - Resolving pneumonia</p> <p>P - Rotations - 2 top 9/10 PND</p> <p>RTC PNH</p> <p>Note: Bad pt + surface is planning</p> <p>PT has affected + orthopedic + for MRI the week.</p> <p><i>[Signature]</i></p> <p><i>[Signature]</i></p>
10/3/93	<p>T99.7</p> <p><i>[Signature]</i></p>

COS147

EHS-600

MONTEFIORE MEDICAL CENTER EMPLOYEES' HEALTH SERVICE

NOTICE OF SICK EMPLOYEE

NO EMPLOYEE WILL BE SEEN WITHOUT
A SIGNED COPY OF THIS FORM

Date: 9/28/93 Hour:

Name Roni Gilardi

Department A-U VED Position

Complaint -CON. IN PERKISTINS / CHRONIC BACKPAIN TO LEGS

Supervisor or Dept. Head

ALL EMPLOYEES MUST BE CLOCKED IN AND OUT IN THE
EMPLOYEES' HEALTH SERVICE

Time In Time Out

EMPLOYEE'S DISPOSITION

☐ Return to clinic on 10/4 - 10/5 for FL

☐ Return to work on

☐ Off Duty Until 10/4 - 10/5

☐ To be admitted

Comments Plin made 3 b/f + w/b - Street

M.D.

Time Employee Returned to Department

Supervisor or Dept. Head

THIS FORM MUST BE SUBMITTED TO EMPLOYEES' HEALTH
SERVICE IN DUPLICATE

008148

PATIENT PROGRESS OBSERVATION RECORD

Gladi Kone

If no plate, patients's name, adm. no., sex & Doctor

[illegible]

OBSERVATIONS

10/15/93 799.4 6th Route above bar page 72 10/4/93

See by Dr. J. C. Coker inventory - & advised not
to return to work at present. Coker is present
but injured.

THIS god effe - and
- NASH COURT, FID, that will release 5 separate
Not a single 5 more
but - 1000

- AL Grants signed

P. Wof. & present PM RTCP

CPL
AKL

000151

MONTEFIORE MEDICAL CENTER
HENRY AND LUCY MOSES DIVISION
THE JACK D. WEILER HOSPITAL OF THE
ALBERT EINSTEIN COLLEGE OF MEDICINE

PATIENT PROGRESS
OBSERVATION RECORD

Giladi, Roni
EHS # 918369

10/1/93
WCB

EVERY ENTRY MUST BE DATED & SIGNED

If no plate, patients's name, adm. no., sex & Doctor

DATE	OBSERVATION
10/1/93	Relish
	pt. coming today for his reg. appt.
	The still C/O LBP, off and on but less than before. He feels better after PT and pain medicine.
	The has bilat. hand pain, numbness & weakness and he wears splints for his wrists.
	The also wears the L-5 corset.
	CT results.
	The has had pneumonia recently.
	The is on sick leave time Aug. '93.
	The has an appt. for 10/14 c/o Dr. Cohen - Med. He was seen by Dr. Goldstein - Ortho.
	The continues PT 2x WK. He does Home PE - pt. is alert, fully oriented, cooperative, HAD.
	The walks N and also on his toes on heels.

COS152

PLEASE DATE AND SIGN ALL ENTRIES

DATE

OBSERVATIONS

The has F ROM, G MS, N MT of C spine, BLE'S and limited ROM on his L spine 2° pain. The has F ROM & N MT, BLE'S and also G MS, except for G(-) MS, bilat.

Tinel sign + bilat. Mod. sensory deficit on both hands (L) > (R). L spine ROM: ext. flex 45°, ext. 10°, lat. flex 20° bilat, rot. 20° bilat.

SLR = 45° bilat.

ATR'S = 2(+)

The presents no m. spasm, but just mod. tenderness on palpation over his L-5 area.

Imp. - Ch. LBP. S/P Back injury (WCB). basal spondylosis

- Bilat. CTS, H/O @ wrist injury and median/ulnar n. rep. n.

Plan - Continue PT & OT

- " present pain med.

- " home ex

- Recheck in 3 wks

- Avoid strenuous physical

C08153

HOSPITAL OF THE **MONTFIORE MEDICAL CENTER** MEDICINE
 A DIVISION OF **BRONX, NEW YORK 10467L CENTER**
 1825 EASTCHESTER RD.
 BRONX, NY 10461
 DR. ARTHUR KARMEN, CHAIRMAN CLINICAL PATHOLOGY

OUTPATIENT REPORT

=====

AGE: 39

PATIENT NAME : GILADI, RONI
 MED REC NUMBER : 918369
 LOCATION : EEHS EEHS
 PHYSICIAN : UNSPECIFIED
 SOC SEC NUMBER : 112643264

DATE: 2/19/92 TIME: 0724

PAGE: 1

DATE	TIME	TEST NAME	RESULT	REFERENCE-RANGE	UNITS
2/18	1031	BLOOD COLLECTION -E			
		ADMISSION SURVEY			
		UREA NITROGEN	8.1	10-26	mg/dL
		SODIUM	141.	135-145	mEq/L
		POTASSIUM	4.9	3.5-5.0	mEq/L
		CO2	28.	24-30	mEq/L
		CHLORIDE	107.	98-108	mEq/L
		GLUCOSE	93.	70-115	mg/dL
		CREATININE	0.8	0.5-1.5	mg/dL
		CALCIUM	10.0	8.5-10.5	mg/dL
		INORGANIC PHOSPHO	3.7	2.5-4.5	mg/dL
		URIC ACID	5.8	2.5-8.0	mg/dL
		TOTAL PROTEIN	7.4	6.0-8.5	gm/dL
		ALBUMIN	4.5	3.5-5.5	gm/dL
		BILIRUBIN TOTAL	0.9	0.2-1.2	mg/dL
		BILIRUBIN DIRECT	0.1	0.0-0.3	mg/dL
		ALKALINE P'TASE	45.	30-115	U/L
		SGOT	12.	5-40	U/L
		SGPT	12.	5-40	U/L
		LACTIC DEHYDROGEN.	122.	50-250	U/L
		CPK	38.	10-100	U/L
		CHOLESTEROL	186.	120-240	mg/dL
		CBC, ROUTINE -E			
		WBC -E	5.1	4.5-10.5	K/CU MM
		RBC -E	5.15	4.7-6.1	M/CU MM
		HGB -E	15.0	14-18	MG%
		HCT -E	44.7	42-52	%
		MCV	86.7	80-94	FL
		MCH	29.2	27-31	PG
		MCHC	33.6	32-36	gm/dL
		RDW	12.2	11.5-14.5	%
		PLATELET COUNT -E	221.0	130-400	K/CU MM
		MPV	7.7	7.4-10.4	CU UM

PATIENT CONTINUED ON NEXT PAGE

2

008154

EHS-600

MONTEFIORE MEDICAL CENTER
EMPLOYEES' HEALTH SERVICE

NOTICE OF SICK EMPLOYEE

NO EMPLOYEE WILL BE SEEN WITHOUT
A SIGNED COPY OF THIS FORM

Date: 10/5/93 Hour: _____
Name: Ron GILAD
Department: A-V Position: _____
Complaint: LOW BACK PAIN

Supervisor or Dept. Head

ALL EMPLOYEES MUST BE CLOCKED IN AND OUT IN THE
EMPLOYEES' HEALTH SERVICE

Time In _____ Time Out 11:25

EMPLOYEE'S DISPOSITION

- ☐ Return to clinic on _____
☐ Return to work on UNABLE TO RETURN AT PRESENT
☐ Off Duty Until _____
☐ To be admitted _____

Comments

AWAIT NEUROLOGY EVALUATION

DR. HEPNER

M.D.

Time Employee Returned to Department _____

Supervisor or Dept. Head

THIS FORM MUST BE SUBMITTED TO EMPLOYEES' HEALTH
SERVICE IN DUPLICATE

C08155

HOSPITAL OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE
MONTEFIORE MEDICAL CENTER
 A DIVISION OF BRONX, NEW YORK 10467
 1825 EASTCHESTER RD.
 BRONX, NY 10461

DR. ARTHUR KARMEN, CHAIRMAN CLINICAL PATHOLOGY

OUTPATIENT REPORT

=====

AGE: 39

PATIENT NAME : GILADI, RONI
 MED REC NUMBER : 918369
 LOCATION : EEHS EEHS
 PHYSICIAN : UNSPECIFIED
 SOC SEC NUMBER : 112643264

DATE: 2/19/92 TIME: 0724

PAGE: 2

DATE	TIME	TEST NAME	RESULT	REFERENCE-RANGE	UNITS
		GRAN%	69.3 %	48-82	
		LYMPH%	18.3L %	19-43	
		MONO%	9.8H %	4-9	
		EOS%	1.0 %	0-5	
DIFFERENTIAL - E					

COMMENT: AUTO-DIFF. CONFIRMED BY SMEAR REVIEW
 PLATELET ESTIMATE ADEQUATE

COS156

MONTEFIORE MEDICAL CENTER
HENRY AND LUCY MOSES DIVISION
THE JACK D. WEILER HOSPITAL OF THE
ALBERT EINSTEIN COLLEGE OF MEDICINE

Giladi, Rori
ETHS# 918369

PATIENT PROGRESS
OBSERVATION RECORD

EVERY ENTRY MUST BE DATED & SIGNED

If no plate, patients's name, adm. no., sex & Doctor

DATE	OBSERVATION
	ATR 1 = 2 (+)
	SLR = 30° on (R) and 45° on (L)
	There is tenderness on palpation over lower T and L-S paraspinal m. on (L) side (mild on (R) L-S paraspinal), on both buttocks & gluteal fold bilat.
	There is marked spasm on (L) L-S paraspinal m.
	There is mild sensory deficit on (L) forearm, (L) dorsal aspect-cubital side of (L) hand and (L) hypo-thenar eminence.
	X-rays of L-S spine not available yet.
	Imp. - LBP, S/P Back injury (WCB)
	- S/P (L) wrist injury & median nerve n. repair; residual (L) hand & wrist weakness.
	Plan - X-ray of L-S spine report

PLEASE DATE AND SIGN ALL ENTRIES

DATE

OBSERVATIONS

DATE	OBSERVATIONS
	- Continue present pain regimen
	- PT - 3x WK: local heat & TENS on L-S area
	- Recheck in 2 WK
	- OT - Fluidotherapy to (L) elbow, wrist & hand 3x WK
	- Bed rest 1 WK (7/13 - 7/19)
	O. Popescu, MD

PM-863E 1/83

MONTEFIORE MEDICAL CENTER

EVELYN AND JOSEPH LUBIN REHABILITATION CENTER OF THE JACK D. WEILER HOSPITAL OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE, BRONX, N. Y.

REHABILITATIVE PRESCRIPTION

1° Dx: LBP 2° back injury(L) wrist & hand pain (2° injury)Reason for request: ↓ painBedside ↓ Gym ↓Mental status: G Motivation: G

Precautions: _____

Cardio-respiratory: _____

Wt bearing status: NWB _____ TT _____ PWB _____ FWB ✓

Probable discharge: Home _____ Elsewhere _____

GOALS: THERAPY PRESCRIPTION (including PT, OT & ST) Frequency: 3x WKPT - hot packs } to L-S area
TENS }OT - Fluidotherapy to (L) elbow + wrist & handDate: 7/12/93 Signed: O. Popescu

M.D.

009158

Giladi Roni
EMS 918369Tel. 430-2135 of
Beeper # (201) 578-7697 H
WCB

ADDRESS O PLATE

HEALTH SERVICES

430-2135



the jack d. weiler hospital of
the albert einstein
college of medicine

CONSULTATION REQUEST & EXAMINATION

TO DR. Rapin REHABILITATION
SERVICE
FROM DR. SHS
SERVICE

GILADI RONI
P.O. BOX 127
MILBOURNE NJ 07041
MP 918369 DOB 03-05-52
SS 112-64-3264 NO PHONE
ACCT 60169193 N 060

If no plate, print patient's name, adm. no., sex & Doctor

REASON FOR CONSULTATION - WORK Injury - LOW BACK PAIN
Robot 4 hrs.

REQUEST DATE 7/8 19 93

BY Chhe
VISITING/HOUSE PHYSICIAN

DATE RECEIVED BY CONSULTANT

CONSULTATION

Chart reviewed & PT. examined

HI Y.O.M., referred by EHS to CC. LBP, radiating to the (L) LE (add aspect) down to the last 2 toes - since 6/30/93, after lifting heavy equipment, when he felt sharp LBP (See Incident Report). Next day, A. went to EHS, was given some med. (which he can not remember) and 4 days bed rest. He returned working, the pain got worse. He stopped taking med. on a regular basis. 2° side effects, and he was not able to fully do his rep work. He went back to EHS, he was advised to continue med. 2 of L3 spine were taken and 1 PT. was recommended to have bed rest but he refused it.

Presently PT. takes 2 kinds of med. a moderate result on LBP, but a good result on his sleep. LBP is continuous, off and on radiating to (L) LE. The pain gets worse on prolonged standing, sitting, walking at N speed.

CONSULTATION DATE 7/12 19 93

SIGNATURE OF CONSULTANT

objects on his ^{right} shoulder (video camera 30 lbs), when moving his L spine (especially ext.), followed by ext-flex, lat. flex. & rot. At times, Pt. CA tingling in his R leg & numbness in his L 4th & 5th toe. LBP is partially alleviated by supine position on a firm mattress by health PE. Works reg. hrs., but he is not quite able to do his work as usually. He takes Tolobid 500 mg TID and Flexeril 10 mg HS 7/11/11.

PMH - Surp. decompression of C2 inferior & median n. (wrist & elbow) '91; residual weakness in his L hand & wrist and limited wrist ext. Further surgery - H/O C2 median injury & report of 1st recommended - H/O LBP '82 200 back injury

FH - Father + 62 of bladder CA, AP

SH - Pt. was born in Israel and immigrated to USA in '81

- He is a video technician in AECOM 12 yrs and he handles heavy equipment

- He denies smoking, drinking or using drugs

PE - Pt. is alert, fully oriented, cooperative, Hx. He walks slowly, avoiding arm swinging and trunk movements, but he is able to walk on his toes or heels, & C/O some instability.

Pt. has FROM, N MS and N MT on R UE. Distal BLE's & C spine and limited ROM (20° LBP and wrist pain, respectively) as:

- L spine - outflex, 30°, ext. < 5°, lat-flex, 30° bilat., rot. 20° bilat.

- C wrist - flex, 60° active & 70° passive, ext. 20° active & 30° passive.

MS on C wrist & hand is G, but G (-) on cubital side (wrist + fingers)

Gildi, Roni

EVERY ENTRY MUST BE DATED & SIGNED

If no plate, patients's name, adm. no., sex & Doctor

[illegible]

(CHECK ONE) : ☐ INITIAL ☒ PROGRESS ☐ FINAL

CHECK TYPE OF DOCTOR:

☒ PHYSICIAN ☐ PODIATRIST ☐ CHIROPRACTOR

WCB CASE NO. (If Known)	CARRIER CASE NO. (If Known)	DATE OF INJURY AND TIME 6/30/93 4:30 PM	ADDRESS WHERE INJURY OCCURRED (City, Town or Village)	INJURED PERSON'S SOC. SEC. NO. 112-64-3264
ED SON	(First Name) RONI	(Middle Initial) GILADI	(Last Name) 41	ADDRESS (Include Apt. No.)
EMPLOYER	AECOM			
INSURANCE CARRIER				
SUPERVISING PHYSICIAN (if any)				

If treatment was rendered under the VFBL or VAWBL show as EMPLOYER the liable political subdivision and enter "X" here: ☐

1. HAVE YOU FILED A PREVIOUS REPORT SETTING FORTH A HISTORY OF THE INJURY?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF "YES" ENTER DATE OF SUCH REPORT: AND COMPLETE ITEMS 3-11 BELOW.	IF "NO" COMPLETE ALL ITEMS BELOW.
A. STATE HOW INJURY OCCURRED AND GIVE SOURCE OF THIS INFORMATION. (IF CLAIM IS FOR OCCUPATIONAL DISEASE, INCLUDE OCCUPATIONAL HISTORY AND DATE OF ONSET OF RELATED SYMPTOMS.) On 6/30/93, Plyfelt sharp LBP after lifting heavy equipment			
B. WAS PATIENT PREVIOUSLY UNDER THE CARE OF ANOTHER DOCTOR FOR THIS INJURY?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" ENTER HIS/HER NAME AND ADDRESS, AND REASON FOR TRANSFER IN ITEM 11. EHS	C. WERE X-RAYS TAKEN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
IF THERE IS ANY HISTORY OR EVIDENCE OF PRE-EXISTING INJURY, DISEASE OR PHYSICAL IMPAIRMENT, DESCRIBE SPECIFICALLY: M/O LBP 1982 (2° back injury)			
3. DESCRIBE NATURE AND EXTENT OF KNOWN OR REPORTED INJURY OR DISEASE WHEN EXAMINED, AND IF APPLICABLE, ANY CHANGE OF CONDITION SINCE LAST REPORT. LBP 2° back injury, status post (1) wrist injury & surgery			
DATE(S) OF EXAMINATION ON WHICH THIS REPORT IS BASED 7/12/93	DATE OF YOUR FIRST TREATMENT 7/12/93	ARE YOU CONTINUING TREATMENT? yes	IF "YES" WHEN WILL PATIENT BE SEEN AGAIN? 7/28/93
5. DESCRIBE TREATMENT RENDERED AND PLANNED FUTURE TREATMENT. IF PATIENT WAS HOSPITALIZED, SO STATE AND GIVE NAME AND LOCATION OF HOSPITAL AND DATES OF HOSPITALIZATION. Physical Therapy, Occupational therapy, Solohide, Flexelift, bed rest			
6. MAY THE INJURY RESULT IN PERMANENT RESTRICTION, TOTAL OR PARTIAL LOSS OF FUNCTION OF A PART OR MEMBER; OR PERMANENT FACIAL, HEAD OR NECK DISFIGUREMENT? YES <input type="checkbox"/> NO <input type="checkbox"/> IF "YES" DESCRIBE Not determined			
FIRST DAY OF DISABILITY IF KNOWN	8. IS PATIENT WORKING? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	IF "YES" ON WHAT DATE(S) DID PATIENT RESUME LIMITED WORK OF ANY KIND DATE: 7/20/93	IS PATIENT DISABLED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
		RESUME REGULAR WORK DATE:	IF "YES" CHECK ONE <input checked="" type="checkbox"/> PARTIAL DISABILITY <input type="checkbox"/> TOTAL DISABILITY
9. WAS THE OCCURRENCE DESCRIBED ABOVE (OR IN YOUR PREVIOUS REPORT WHICH GAVE THIS INFORMATION) THE COMPETENT PRODUCING CAUSE OF THE INJURY AND DISABILITY (IF ANY) SUSTAINED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
10. (a) ANY FACTORS DELAYING RECOVERY? IF "YES" DESCRIBE <input type="checkbox"/> YES <input type="checkbox"/> NO (b) IS MEDICAL AND/OR VOCATIONAL REHABILITATION INDICATED? IF "YES" GIVE REFERRAL DETAILS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO PT, OT			
11. ENTER HERE ADDITIONAL PERTINENT INFORMATION. WORK LIMITATIONS, IF ANY, ETC.			

If your testimony should be necessary in this case, please indicate the days of the week and time of day (AM or PM) most convenient to you for this purpose:

Dated 7/12/93	Typed or Printed Name of Attending Doctor CORALIA POPESCU	Address
Rating Code M01625730	WCB Authorization No.	Telephone No.
Written Signature of Attending Doctor (Facsimile Not Accepted) C. Popescu MD		

* IF AUTHORIZATION FOR SPECIAL SERVICES IS REQUIRED. SEE ITEMS 4 AND 5 ON REVERSE.

A CHIROPRACTOR OR PODIATRIST FILING THIS REPORT CERTIFIES THAT THE INJURY DESCRIBED CONSISTS SOLELY OF A CONDITION(S) WHICH MAY LAWFULLY BE TREATED AS DEFINED IN THE EDUCATION LAW AND, WHERE IT DOES NOT, HAS ADVISED THE INJURED PERSON TO CONSULT A PHYSICIAN OF HIS/HER CHOICE.

cc C-4 / C-48 (12-90)

SEE REVERSE SIDE FOR IMPORTANT INSTRUCTIONS

006162

(a) NAME	(b) MAIL ADDRESS	(c) OSHA CASE OR FILE NO.
1 EMPLOYER <u>Roni GILAOI</u>	<u>P.O. Box 127 Millburn N.J.</u>	
(d) LOCATION (if different from mail address)		(e) NYS UI EMPLOYER REG. NO.
		<u>66-93</u>
2 INSURANCE CARRIER <u>1199</u>		
3 INJURED PERSON <u>Roni</u> <u>GILAOI</u> (First Name) (Middle Initial) (Last Name)	(Home Address Give Number and Street, City, State, Zip Code and Apt. No.)	

ACCIDENT

4. (a) Address where accident occurred (Include county) 1300 Morris Park Ave
Parking Lot.
- (b) Was this employer's premises Yes ☐ No ☐
5. Date of accident: 6/30 1993 Day of Week _____ Hour of Day _____ A.M. 4:30 P.M.
6. (a) Date disability began: _____ 19____ Hour of Day _____ A.M. _____ P.M.
- (b) Was injured paid in full for this day? _____
7. Brief description of accident: (state also what employee was doing at time of accident; what machine, object, or substance caused the accident or occupational disease; name any tool, equipment, etc., employee was using)
I was loading the car with video eqm and when I wanted to
put the camera in the trunk of the car, I felt a sharp pain in
my back.

INJURED PERSON

8. Check (X) ☒ Male ☐ Female 9. Age 41 10. Occupation video tape

NATURE OF INJURY OR OCCUPATIONAL DISEASE

11. State nature of injury and part or parts of body affected: (as "Injury to Chest," etc.) back
12. Did you provide medical care? no If so, when? _____
13. Name and address of doctor: _____
14. Name and address of hospital: _____
15. (a) Has employee returned to work? _____ (b) If so, give date: _____

EMPLOYER

16. Nature of business: Education and Research
17. Department, where regularly employed: _____
- FIRM NAME: _____ Tel. No. _____ Date of this Report. _____
- Signed by: _____ Official title _____

DOCTOR'S REPORT

- EMPLOYEE HEALTH SERVICE DOCTOR'S DIAGNOSIS
Mr Roni Gilaoi - mild lumbosacral sprain
- TREATMENT OR ADVICE GIVEN
Wholly 500 mg q8h that rest
Please 1027 P.M. if it gets worse go to ER
- PROBABLE TIME LOST
2-3 - days
- DOCTOR'S SIGNATURE
[Signature]

UNSAFE ACT

UNSAFE CONDITION

C05163

CHECK TYPE OF DOCTOR		CHECK TYPE OF DOCTOR		CHECK TYPE OF DOCTOR	
CHECK ONE	INITIAL	PROGRESS	INITIAL	PROGRESS	INITIAL
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
WCB CASE NO. (If Known)	CARRIER CASE NO. (If Known)	DATE OF INJURY AND TIME	ADDRESS WHERE INJURY OCCURRED (City, Town or Village)		
		6/30/93			
INJURED PERSON	First Name	Middle Initial	Last Name	AGE	ADDRESS (Include Apt. No.)
RONI			GILADI	41	
EMPLOYER	AECOM				
INSURANCE CARRIER					
SUPERVISING PHYSICIAN (If any)					
* If treatment was rendered under the VFBL or VAWBL show as EMPLOYER the liable political subdivision and enter "X" here: <input type="checkbox"/>					
1. HAVE YOU FILED A PREVIOUS REPORT SETTING FORTH A HISTORY OF THE INJURY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" ENTER DATE OF SUCH REPORT: 7/12/93 IF "NO" COMPLETE ALL ITEMS BELOW					
A. STATE HOW INJURY OCCURRED AND GIVE SOURCE OF THIS INFORMATION. (IF CLAIM IS FOR OCCUPATIONAL DISEASE, INCLUDE OCCUPATIONAL HISTORY A DATE OF ONSET OF RELATED SYMPTOMS.)					
B. WAS PATIENT PREVIOUSLY UNDER THE CARE OF ANOTHER DOCTOR FOR THIS INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" ENTER HIS/HER NAME AND ADDRESS, AND REASON FOR TRANSFER IN ITEM 11. C. WERE X-RAYS TAKEN? <input type="checkbox"/> YES					
2. IF THERE IS ANY HISTORY OR EVIDENCE OF PRE-EXISTING INJURY, DISEASE OR PHYSICAL IMPAIRMENT, DESCRIBE SPECIFICALLY:					
3. DESCRIBE NATURE AND EXTENT OF KNOWN OR REPORTED INJURY OR DISEASE WHEN EXAMINED, AND IF APPLICABLE, ANY CHANGE OF CONDITION SINCE LAST REPORT. LBP 2nd back injury. SIP @ wrist & R. injury					
4. DATE(S) OF EXAMINATION ON WHICH THIS REPORT IS BASED: 7/12/93 DATE OF YOUR FIRST TREATMENT: 7/12/93 ARE YOU CONTINUING TREATMENT? yes IF "YES" WHEN PATIENT BE SEEN AGAIN? 9/9					
5. DESCRIBE TREATMENT RENDERED AND PLANNED FUTURE TREATMENT. IF PATIENT WAS HOSPITALIZED, SO STATE AND GIVE NAME AND LOCATION OF HOSPITAL AND DATES OF HOSPITALIZATION. Physical & Occupational therapy, re pain med					
6. MAY THE INJURY RESULT IN PERMANENT (RESTRICTION, TOTAL OR PARTIAL LOSS OF FUNCTION OF A PART OR MEMBER, OR PERMANENT FACIAL, HEAD OR NECK DISFIGUREMENT) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF "YES" DESCRIBE: NO					
7. FIRST DAY OF DISABILITY: 8/23/93 IS PATIENT WORKING? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> IF "YES" ON WHAT DATE(S) DID PATIENT RESUME LIMITED WORK OF ANY KIND? DATE: 8/23/93 IF PATIENT IS DISABLED, IF "YES" CHECK ONE: <input checked="" type="checkbox"/> PARTIAL DISAB <input type="checkbox"/> TOTAL DISAB					
8. WAS THE OCCURRENCE DESCRIBED ABOVE (OR IN YOUR PREVIOUS REPORT WHICH GAVE THIS INFORMATION) THE COMPETENT PRODUCING CAUSE OF THE INJURY AND DISABILITY (IF ANY) SUSTAINED? <input type="checkbox"/> YES <input type="checkbox"/> NO					
10. (a) ANY FACTORS DELAYING RECOVERY? IF "YES" DESCRIBE: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (b) IS MEDICAL AND/OR VOCATIONAL REHABILITATION INDICATED? IF "YES" GIVE REFERRAL DETAILS: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PT, OT					
11. ENTER HERE ADDITIONAL PERTINENT INFORMATION, WORK LIMITATIONS, IF ANY, ETC.					
★ If your testimony should be necessary in this case, please indicate the days of the week and time of day (AM or PM) most convenient to you for this purpose: Monday AM					
Dated: 8/12/93		Typed or Printed Name of Attending Doctor: C. Popescu, M.D.		Address: 1825 Eastchester Rd. Brn NY 10	
WCB Rating Code:		WCB Authorization No.: 162573-0		Telephone No.: 718-904-2296	
				Written Signature of Attending Doctor (Facsimile Not Accepted): C. Popescu M.D.	

A CHIROPRACTOR OR PODIATRIST FILING THIS REPORT CERTIFIES THAT THE INJURY DESCRIBED CONSISTS SOLELY OF A CONDITION(S) WHICH MAY LAWFULLY BE TREATED AS DEFINED IN THE EDUCATION LAW AND, WHERE IT DOES NOT, HAS ADVISED THE INJURED PERSON TO CONSULT A PHYSICIAN OF HIS/HER CHOICE.

Flora

PATIENT PROGRESS OBSERVATION RECORD

If no plate, patients's name, adm. no., sex & Doctor

DATE	OBSERVATION
	activity
	- Home consult, Med-Gen
	@ 11:00 AM

PM-883E 1/83 MONTEFIORE MEDICAL CENTER
EVELYN AND JOSEPH LUBIN REHABILITATION CENTER OF THE JACK D. WEILER
HOSPITAL OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE, BRONX, N. Y.

REHABILITATIVE PRESCRIPTION

1° Dx: LOF, Atrial, CVD

2° Dx: _____

Reason for request: ↓ print 1 PGM

Bedside _____ Gym ✓

Mental status: G Motivation: G

Precautions: _____

Cardio-respiratory: _____

Wt bearing status: NWB TT PWB FWB Probab

GOALS: THERAPY PRESCRIPTION (including PT, OT & ST) Frequency

0-11

Continued

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4-1-1

Date: 10/1/92

_____ Signed _____

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2

Giladi, Roni

EHS #918369

10/1/93

WGP

ADDRESS O PLATE

VSG - 1605 Rev. 3/72

000165

MONTEFIORE MEDICAL CENTER
HENRY AND LUCY MOSES DIVISION
THE JACK D. WEILER HOSPITAL OF THE
ALBERT EINSTEIN COLLEGE OF MEDICINE

PATIENT PROGRESS
OBSERVATION RECORD

EVERY ENTRY MUST BE DATED & SIGNED

If no plate, patients's name, adm. no., sex & Doctor

PM-883E 1/83

MONTEFIORE MEDICAL CENTER
EVELYN AND JOSEPH LUBIN REHABILITATION CENTER OF THE JACK D. WEILER
HOSPITAL OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE, BRONX, N. Y.

REHABILITATIVE PRESCRIPTION

1° Dx: LBP, H/O Back injury,
2° Dx: Post. OTS

Reason for request: _____

Bedside _____ Gym ✓

Mental status: GA Motivation: GA

Precautions: _____

Cardio-respiratory: _____

Wt bearing status: NWB _____ TT _____ PWB _____ FWB _____ Probable discharge: Home _____ Elsewhere _____

GOALS: THERAPY PRESCRIPTION (including PT, OT & ST) Frequency: 2-3 X WK

Continue PT

Continue OT

Date: 10/26/93 Signed: C. J. Papert M.D.

NSG - 1605 Rev. 3/72

008166

THE JACK D. WETTER HOSPITAL
1825 EASTCHESTER ROAD
BRONX, NEW YORK 10461
DEPARTMENT OF RADIOLOGY
REPORT OF FINDINGS

CHART COPY

DOB 02/29/93 REF # 140652
READ 02/30/93 TYPED 02/30/93
TYPED BY TZ
RADIOLOGIST: KIRSCHENBAUM, E
RESIDENT

MR# 918169
PATIENT GUADU, RONI
DOB 03/05/92 SSN 112-64-5264
REFERRED BY VAN LIEU, JALYN

LOCATION PRS

CLINICAL INDICATIONS: TENDERNESS LEFT HAND AND WRIST

LEFT HAND:

CLINICAL DIAGNOSIS: R/O FRACTURE, R/O DEGENERATIVE JOINT DISEASE

Lateral and oblique views of the right hand show no evidence of fracture or dislocation. There are no changes of degenerative joint disease. There is no evidence of calcific tendonitis. Comparison view of the right hand also demonstrates no abnormality.

IMPRESSION:

Negative left hand.

APPROVED BY KIRSCHENBAUM, E, M. D.

COS167

X-RAY

THE JACK D. WEILER HOSPITAL
1825 EASTCHESTER ROAD
BRONX, NEW YORK 10461
DEPARTMENT OF RADIOLOGY
REPORT OF FINDINGS

REF PHYSICIAN COPY

DOS 07/08/93 REQ # 137276
READ 07/09/93 TYPED 07/09/93
TYPED BY 12
RADIOLOGIST SMITH, THEODORE
RESIDENT

MR# 918369
PATIENT GILADI, RONI
DOB 03/05/52 SSN 112-64-3264
REFERRED BY VAN LIEU, JACLYN
LOCATION PHS

CLINICAL INDICATIONS LOW BACK PAIN

DORSAL SPINE: AP & LATERAL 7/8/93

CLINICAL DIAGNOSIS: BACK PAIN

Comparison is made to the previous examination of 4/20/82.

No discrete bone destruction is demonstrated. There are moderate hypertrophic spurs in the mid and lower dorsal spine. The disc spaces appear intact.

IMPRESSION:

No significant appearing abnormality.

LS SPINE: AP/LATERAL CONED DOWN L5-S1 & RIGHT AND LEFT POSTERIOR OBLIQUE VIEWS.

There is a similar appearance of 4/20/82.


No discrete bone destruction is demonstrated for fracture or subluxation.

The disc spaces appear within normal limits.

IMPRESSION:

No significant abnormality.

APPROVED BY SMITH, THEODORE , M. D.

X-RAY 

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

ATTENDING DOCTOR'S REPORT

(CHECK ONE) : ☐ INITIAL ☒ PROGRESS ☐ FINAL

CHECK TYPE OF DOCTOR:

☒ PHYSICIAN ☐ PODIATRIST ☐ CHIROP

MC26044

WCB CASE NO. (If Known)	CARRIER CASE NO. (If Known)	DATE OF INJURY AND TIME	ADDRESS WHERE INJURY OCCURRED (City, Town or Village)	INJURED PERSON SOC. SEC. NO.
		6/30/93		112-64-
INJURED PERSON	(First Name) (Middle Initial) (Last Name)	AGE	ADDRESS (Include Apt. No.)	TELEPHONE
	RONI GILADI	41	P.O. Box 127 Midbourn NJ 07041	
EMPLOYER*	AECOM			
INSURANCE CARRIER	S.I.F.			
SUPERVISING PHYSICIAN (If any)	NYC 10007			

* If treatment was rendered under the VFBL or VAWBL show as EMPLOYER the liable political subdivision and enter "X" here: ☐

1. HAVE YOU FILED A PREVIOUS REPORT SETTING FORTH A HISTORY OF THE INJURY?

☒ YES ☐ NOIF "YES" ENTER DATE OF SUCH REPORT:
AND COMPLETE ITEMS 3-11 BELOW.

8/12/93

IF "NO" COMPLETE ALL ITEMS BELOW

A. STATE HOW INJURY OCCURRED AND GIVE SOURCE OF THIS INFORMATION. (IF CLAIM IS FOR OCCUPATIONAL DISEASE, INCLUDE OCCUPATIONAL HISTORY A DATE OF ONSET OF RELATED SYMPTOMS.)

B. WAS PATIENT PREVIOUSLY UNDER THE CARE OF ANOTHER DOCTOR FOR THIS INJURY?

☐ YES ☐ NO

IF "YES" ENTER HIS/HER NAME AND ADDRESS, AND REASON FOR TRANSFER IN ITEM 11.

C. WERE X-RAYS TAKEN?

☐ YES

2. IF THERE IS ANY HISTORY OR EVIDENCE OF PRE-EXISTING INJURY, DISEASE OR PHYSICAL IMPAIRMENT, DESCRIBE SPECIFICALLY:

3. DESCRIBE NATURE AND EXTENT OF KNOWN OR REPORTED INJURY OR DISEASE WHEN EXAMINED, AND IF APPLICABLE, ANY CHANGE OF CONDITION SINCE LAST REPORT.

LBP. N/O Back injury. Bilat. CTs

4. DATE(S) OF EXAMINATION ON WHICH THIS REPORT IS BASED

8/23/93; 10/1/93
10/26/93

DATE OF YOUR FIRST TREATMENT

7/12/93

ARE YOU CONTINUING TREATMENT?

Yes

IF "YES" WHEN PATIENT BE SEEN AGAIN? ONLY IF

5. DESCRIBE TREATMENT RENDERED AND PLANNED FUTURE TREATMENT. IF PATIENT WAS HOSPITALIZED, SO STATE AND GIVE NAME AND LOCATION OF HOSPITAL AND DATES OF HOSPITALIZATION.

PT, OT, physio med, exs., rest

6. MAY THE INJURY RESULT IN PERMANENT RESTRICTION, TOTAL OR PARTIAL LOSS OF FUNCTION OF A PART OR MEMBER, OR PERMANENT FACIAL, HEAD OR NECK DISFIGUREMENT?

☐ YES ☐ NO

IF "YES" DESCRIBE

7. FIRST DAY OF DISABILITY IF KNOWN

8/10/93

8. IS PATIENT WORKING?

☐ YES ☒ NO

IF "YES" ON WHAT DATE(S) DID PATIENT RESUME LIMITED WORK OF ANY KIND

DATE: not determined

RESUME REGULAR WORK

DATE:

IS PATIENT DISABLED?

☒ YES ☐ NO

IF "YES" CHECK ONE

☒ PARTIAL DISAB ☐ TOTAL DISAB

9. WAS THE OCCURRENCE DESCRIBED ABOVE (OR IN YOUR PREVIOUS REPORT WHICH GAVE THIS INFORMATION) THE COMPETENT PRODUCING CAUSE OF THE INJURY AND DISABILITY (IF ANY) SUSTAINED?

☒ YES ☐ NO

10. (a) ANY FACTORS DELAYING RECOVERY? IF "YES" DESCRIBE

☐ YES ☒ NO

(b) IS MEDICAL AND/OR VOCATIONAL REHABILITATION INDICATED? IF "YES" GIVE REFERRAL DETAILS

☐ YES ☐ NO

11. ENTER HERE ADDITIONAL PERTINENT INFORMATION, WORK LIMITATIONS, IF ANY, ETC.

If your testimony should be necessary in this case, please indicate the days of the week and time of day (AM or PM) most convenient to you for this purpose:

Monday AM - in white
Please office only

* IF AUTHORIZATION FOR SPECIAL SERVICES IS REQUIRED, SEE ITEMS 4 AND 5 ON REVERSE.

Dated	Typed or Printed Name of Attending Doctor	Address
10/26/93	Loralia Popescu, M.D.	1825 Eastchester Rd. Bx, NY 10
WCB Rating Code	WCB Authorization No.	Telephone No.
	162573-0	718-904-2296
Written Signature of Attending Doctor (Facsimile Not Accepted)		
O. Popescu, MD		

A CHIROPRACTOR OR PODIATRIST FILING THIS REPORT CERTIFIES THAT THE INJURY DESCRIBED CONSISTS SOLELY OF A (TION) WHICH MAY LAWFULLY BE TREATED AS DEFINED IN THE EDUCATION LAW AND, WHERE DOES NOT, HAS AT THE INJURED PERSON TO CONSULT A PHYSICIAN OF HIGHER CHOICE.

008169

MONTEFIORE MEDICAL CENTER

O.R. CIRCULATING SHEET

OPERATING ROOM NO. (54-65) 4		EMERGENCY (59) <input type="checkbox"/> YES		TYPE OF PATIENT SAP		PATIENT SERVICE Plastics	
TYPE OF ANESTHESIA General		ANESTHETIC AGENT 1		ANESTHETIC AGENT 2		ANESTHETIC AGENT 3	
ANESTHETIC AGENT 2		ANESTHETIC AGENT 4		ANESTHETIC AGENT 5		ANESTHETIC AGENT 6	
ANESTHETIC AGENT 8		ANESTHETIC AGENT 7		ANESTHETIC AGENT 8		ANESTHETIC AGENT 9	
ANESTHETIC AGENT 10		ANESTHETIC AGENT 11		ANESTHETIC AGENT 12		ANESTHETIC AGENT 13	
ATTENDING SURGEON 1 DR B STRAUCH		ATTENDING SURGEON 2		ATTENDING SURGEON 3		ATTENDING SURGEON 4	
SURGICAL ASSISTANT 1 DR H STERN		SURGICAL ASSISTANT 2		SURGICAL ASSISTANT 3		SURGICAL ASSISTANT 4	
SURGICAL ASSISTANT 4		ANESTHESIA ATTENDING 1 DR N. G. ...		ANESTHESIA ATTENDING 2		ANESTHESIA ATTENDING 3	
ANESTHESIA RESIDENT 1 M. MOSCO CRNA		ANESTHESIA RESIDENT 2		ANESTHESIA RESIDENT 3		ANESTHESIA RESIDENT 4	
SCRUB ASSISTANT 1 J. STICKS CST		SCRUB ASSISTANT 2		SCRUB RELIEF 1		SCRUB RELIEF 2	
CIRCULATOR 1 S. BRICKER RD		CIRCULATOR 2		FINAL CIRCULATOR		FINAL CIRCULATOR	
ORDERLY 1 G. Brewster		ORDERLY 2		ORDERLY 3		ORDERLY 4	
TIME PATIENT ON TABLE (48-49) 0920		TIME ANESTHESIA STARTED (80-83) 0925		TIME OPERATION STARTED (54-57) 0955		TIME OPERATION COMPLETED (68-71) 1000	
TIME PATIENT OUT OF ROOM (82-85) 1015		ELAPSED TIME (86-89) 20		CHARGE ITEMS (90-93) NO YES		CHARGE ITEMS TOTAL (94-97) 22	
PRE-OPERATIVE DIAGNOSIS Compression ulnar nerve left elbow + median nerve left wrist							
POST-OPERATIVE DIAGNOSIS same							
OPERATION Neurolysis + Transposition Ulnar nerve left elbow Neurolysis Ulnar Nerve Lt wrist Neurolysis median nerve left wrist							
OPERATING ROOM (54-57) 4		PROB. (80-83) 0925		PROC. (54-57) 0955		SPECIMEN (78) NO YES	
RELIEF (1000-1015) 1000-1015		LC RELIEF		LC RELIEF		SURGICAL COMPLICATION (98) NO YES-SEE REMARKS	
REMARKS: L. Powell R.							

SIGNATURES

CIRCULATOR 1

FORM NO. OR 35B2 M REV 2/89

NUMBER OF BLOOD UNITS

SPONGE COUNT

INSTRUMENT COUNT

NEEDLE COUNT

DIRTY CASE

NO YES

NO YES

NO YES

NO YES

CIRCULATOR 2

FINAL CIRCULATOR

COS170

138849
TOTAL P.02

HSA

HAND SURGERY ASSOCIATES, P.C.

ROBERT W. BEASLEY, M.D.
ALAMGIR ISANI, M.D.
JOEL B. GRAD, M.D.

April 28, 1993

Ronald Sultan, M.D.
930 Kennedy Blvd.
Bayonne, NJ 07002

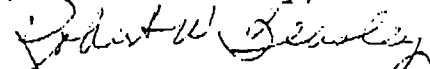
RE: Roni Giladi

Dear Dr. Sultan:

Thank you for having asked Mr. Giladi to see me concerning the persistence of problems of his left hand. He is 41 years old and left hand dominant. He relates that in December of 1991 at Albert Einstein Center he had an operation on his left hand despite which he has complaints of a persistent diminished sensibility in the ulnar nerve distribution.

As I went through this situation it became increasingly complicated and it is apparent that it is going to require careful workup with repeated evaluations as well as thorough review of the previous treatment. As Mr. Giladi works at Einstein, I recommended that he should seek the competent consultation of Dr. Lester who is the highly respected hand surgeon on the orthopedic service there. The multiple visits for evaluation as well as the availability of the records etc. will be much more practical in this manner.

Yours sincerely,



Robert W. Beasley, M.D.
Professor and Director
NYU Hand Service

cc: patient

005171

41 y/o man LHD (works w/ both) - Video producer/editor

(1) Since Surgery 12/12/91 (It ^{STATES pos op no weakness NOR WEAKNESS} ulnar decompression - cubital tunnel Guyon's canal, Lt median decompression - wrist), Lt elbow

"needle" pain - constant x 3 mo, now intermittent. Also - tenderness at incision, numbness of Lt V, 1/2 IV - worse with elbow flexion, wrist flexion.

- 1987 Lt median n. partial laceration, had ^{I, II, III} ↓ sensation and improvement upon repair/decompression - 2 weeks later.

- Lt IV, V - locking x 1, 1 month ago *

PE : grip - Rt Lt Lateral pinch
R- 23 lbs. Lt 11 lbs.

sensibility nt ↓ V, 1/2 IV, dorsal branch - sens. ulnar median, radial - intact

Phalen's. NEG@ 60 sec * @ 25 sec V, 1/2 V @ 35 sec II, III, ? I.

Tinel: neg. at wrist/elbow neg at wrist. ⊕ at elbow, ⊕ dysesthetic at incision L elbow,

flexor - non. tendons tender non tender. - intrinsic weak on Lt medial cutaneous n. intact

NOTE: 12 years ago - had "whiplash" injury with cervical pain, with weakness R hand.

EDS: 4 months ago: in Israel

Sensory	Latency (ms)	
L median - wrist	5.1	R median - wrist 5.2
L ulnar - wrist	4.2	R ulnar wrist 3.6
below elbow	8.7	below elbow. 8.5

MOTOR

L - median wrist 4.2
L ulnar - above - below 9.8.

Impression: Persistent ulnar neuropathy Lt, etiology unknown

Plan: Review operative notes

Suggest refer to Dr. Borrico (extern) at Einstein

006172

A356779

PATIENT	EMPLOYER	DATE OF ACCIDENT	S.I.F. CASE NUMBER
Roni Giladi P.O. Box 127 Millburen, New Jersey 07041	Yeshiva University 2495 Amsterdam Avenue New York	6/30/93	38398020 044 SEQ #001

FIRST EXAMINATION

HISTORY: There is no folder available on this man. The only material that I have available is material he brought in himself which includes a C-4 from Dr. Cohen and a letter from Dr. Cohen to his original doctor detailing the problems in his back and hands.

There is a request on the C-4 for an MRI of the lumbar spine.

A 41 year old medical school employee who was returning equipment and hurt the left hand, developed sharp pain in the lower back. Physiotherapy three times a week to the back and hands. Brings in a C-4 with requests from Dr. Cohen, a neurologist, for MRI of the lumbar spine. Also complains of pain and swelling of the right hand and also the left hand after use.

He had surgery on the left hand 12/12/91 for carpal tunnel syndrome and also release of the ulnar nerve in the elbow. Claims that he had no trouble with the left hand until his injury on 6/30/93.

All symptoms apparently started on 6/30/93 and he stopped work on 8/10/93 due to the back and hand symptoms.

EXAMINATION: A 5'11" tall, 195 pound man.

BACK: He forward bends about 30 degrees, backward bends about 10 degrees, side to side bends about 20 degrees. Complaining of back pain. There is some tenderness L5-S1 at this particular examination. Can squat about 20 percent of normal. Climbs on the exam table with a great deal of difficulty. Left straight leg raising to about 30 degrees when he complains of severe back pain.

Reflexes in the knees and ankles are equal and active. Sensation in the legs is normal. Dorsiflexion of the feet is normal.

LEFT HAND: There is a three cms oblique scar in the volar surface of the wrist of the left hand. There is a full range of motion of the left hand. He can make a fist. He can dorsal flex and volar flex easily. Spreads fingers without any difficulty. He brings

Re Examine in

DATE OF EXAMINATION

MEDICAL REPORT OF EXAMINATION
S.I.F. FORM M-8(5/88)

SIGNATURE OF EXAMINING PHYSICIAN

EXHIBIT
Delt's R
4/11/97

006173

PATIENT	EMPLOYER	DATE OF ACCIDENT	S.I.F. CASE NUMBER
Roni Giladi P.O. Box 127 Millburen, New Jersey 07041	Yeshiva University 2495 Amsterdam Avenue New York	5/30/93	33398020 044 SEQ #001

FIRST EXAMINATION

HISTORY: There is no folder available on this man. The only material that I have available is material he brought in himself which includes a C-4 from Dr. Cohen and a letter from Dr. Cohen to his original doctor detailing the problems in his back and hands.

There is a request on the C-4 for an MRI of the lumbar spine.

A 41 year old medical school employee who was returning equipment and hurt the left hand, developed sharp pain in the lower back. Physiotherapy three times a week to the back and hands. Brings in a C-4 with requests from Dr. Cohen, a neurologist, for MRI of the lumbar spine. Also complains of pain and swelling of the right hand and also the left hand after use.

He had surgery on the left hand 12/12/91 for carpal tunnel syndrome and also release of the ulnar nerve in the elbow. Claims that he had no trouble with the left hand until his injury on 5/30/93.

All symptoms apparently started on 5/30/93 and he stopped work on 8/10/93 due to the back and hand symptoms.

EXAMINATION: A 5'11" tall, 195 pound man.

BACK: He forward bends about 30 degrees, backward bends about 10 degrees, side to side bands about 20 degrees. Complaining of back pain. There is some tenderness L5-S1 at this particular examination. Can squat about 20 percent of normal. Climbs on the exam table with a great deal of difficulty. Left straight leg raising to about 30 degrees when he complains of severe back pain.

Reflexes in the knees and ankles are equal and active. Sensation in the legs is normal. Dorsiflexion of the feet is normal.

LEFT HAND: There is a three cms oblique scar in the volar surface of the wrist of the left hand. There is a full range of motion of the left hand. He can make a fist. He can dorsal flex and volar flex easily. Spreads fingers without any difficulty. He brings

Re Examine in

DATE OF EXAMINATION

THE STATE INSURANCE FUND

199 CHURCH STREET, NEW YORK, NY 10007

(212) 312-9000

☐ 159 N. Franklin Street
Hempstead, NY 11550
(516) 538-7800

☐ 2950 Expressway Dr. So.
Islandia, NY 11722
(516) 233-3700

PATIENT	EMPLOYER	DATE OF ACCIDENT	S.I.F. CASE NUMBER
Roni Giladi			33398020

Page 2

044

them together easily. He can invert and evert the wrist easily. There is no tenderness over the carpal tunnel area. Sensation on both fingers is normal.

RIGHT HAND: Has a splint on this hand which is removed. Has a full range of motion of the right hand. He can make a fist. Dorsal flex and volar flex normally. Invert and evert the wrist normally. Spreads fingers and closes fingers normally. There is no sensory loss. No tenderness over the carpal tunnel.

SUMMARY: Disability is total and temporary. Claimant is not working. Authorize an MRI of the lumbar spine to Dr. Cohen. No further authorization of any testing at the present time. Authorize physiotherapy two times a week for the hands and back for four weeks. We will re-check in four weeks.

FORWARDED TO
WORKERS COMP. BOARD
NOV 04 1993

Re Examined 4 weeks

DATE OF EXAMINATION

10/25/93

MEDICAL REPORT OF EXAMINATION
S.I.F. FORM M-8(5/88)

Dr. C. Schettlin
SIGNATURE OF EXAMINING PHYSICIAN

008101

Initiating Claim

Received: 06/28/94

Case File Number: 38398020044

Claim Type: WC

Name: RONI
Address: P O BOX 127
MILLBURN NJ 07041

DOB/Age:

SSN: 112-64-3264

Occupation:

Former Name:
Former Name:
Former Name:
Previous Address:
Previous Address:
Previous Address:

DOCTOR

Name/Facility:
Address:

INSURED

Name: YESHIVA UNIVERSITY
Address: 2495 AMSTERDAM AVENUE
NY 10033

ATTORNEY

Name/Firm:
Address:

CUSTOMER

Name: STATE INSURANCE FUND OF NY
Address: INVESTIGATION UNIT
199 CHURCH ST
NEW YORK NY 10007

ACCIDENT Date: 06/30/93

Alleged Injuries: BACK

Location:

Matching Claim

Received: 05/11/93

Document Control Number: 9313118753

CLAIMANT

Case File Number: 231 051705

Claim Type: GL

Name: RONI
Address: P.O. BOX 127
MILLBURN NJ 07041

DOB/Age: 41

SSN:

Occupation:

Former Name:
Former Name:
Former Name:
Previous Address:
Previous Address:
Previous Address:

DOCTOR

Name/Facility:
Address:

INSURED

Name: SEARS ROEBUCK AND CO
Address: SMG LOSS PREVENTION
LIVINGSTON NJ 07039

59 S ORANG

ATTORNEY

Name/Firm:
Address:

CUSTOMER

Name: KEMPER INSURANCE COS
Address: BRANCH CLAIMS
BEECHWOOD AT DE FOREST
SUMMIT NJ 07901 - 2154

ACCIDENT Date: 05/08/93

Alleged Injuries: ARMS, RT SHIN & DIZZINESS

Location:

59 S ORANGE AVE/LIVINGSTON NJ
LIVINGSTON NJ 07039

C06102

E94179034962

EL AL

FREQUENT FLYER CLUBS

תאריך: 17/01/2003 17:07

דף: 1

Edited by:
RITA DRATBE

GILADI RONI

10 קילוב

42356 הינת

Israel

Club: Frequent Israel

רבה שם	רבה רפסמ
GILADI RONI	TL 2538734

ה/רקי ה/רבה

ותכול ורבעש תדוקנ טוריפ קילא דיבעהל מידבכתמ וננה

קסמב תאצמנה רווידה תמישרב סיישיאה סכיטרפו ינורטקלאה דאודה תבותכ תא ואלמ. טנרטניאב לע-לא רחאל וסנכה סיעצבמו ם

www.elal.co.il עפוינט - טנרטניאה רחאבש

17/01/2003 : תאריך דע וכדועמ, תדוקנ בצמ ה"ח

לוצינל לע-לא תדוקנ תרתי טוריפ

שומישל קנ תר	תואכו תדוקנ	תולועפ / תוסיט טוריפ	הלועפ תאריך	רבה רפסמ
110	110	OLD	15/01/00	2538734
110	110	OLD	27/01/00	2538734
200	200		05/09/02	2538734
265	265		19/09/02	2538734

- BON - Bonus ticket
- NML - Regular purchased ticket
- NPT - Discount fare ticket (AD, GR, ID, TG, TC)

תדוקנ תריבצ טוריפ

משידוח 12 קשמב ורבעש תדוקנ 'סמ	הריבצ תפוקת
465	05/09/2002-19/09/2002

וקפנוהש מירבוש טוריפ

תולועפ / תוסיט טוריפ	הלועפ תאריך	רבה רפסמ
No. 15020971 Reg:E Class:M Blue:1400	12/04/1999	2538734
No. 15044922 Reg:C Class:C Blue:100	09/06/1999	2538734

טלח

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EL AL

תאריך: 17/01/2003 17:07
 תד: 2
 FREQUENT FLYER CLUBS

GILADI RONI
TL 2538734 רבח רפסמ

וקפנוהש סירבוש טורפ

חלועפ / תוסית טורפ		רבח רפסמ	הלועפ תיראת
2538734	24/08/1999	No. 15082695	Reg:E Class:M Blue:800,Prtnr:20,BPN:90
2538734	24/08/1999	No. 15082696	Reg:E Class:M Blue:910
2538734	11/10/2000	No. 15275143	Reg:E2 Class:C Blue:300,BPN:350
2538734	07/08/2002	No. 15568123	Reg:E Class:M Blue:550,Prtnr:20,BPN:430

וקפנוהש סירבוש תדוקנה טורפ

רבח רפסמ	ולצונש תדוקנ תואכז תדוקנ	חלועפ / תוסית טורפ	הלועפ תיראת	רבח רפסמ
15020971	200	200	NML FLT 0008 JFK-TLV Class:M	2538734 14/03/1998
15020971	200	200	NML FLT 0001 TLV-JFK Class:M	2538734 24/03/1998
15020971	110	110	NML FLT 0104 EWR-TLV Class:N	2538734 09/08/1998
15020971	200	200	NML FLT 0001 TLV-JFK Class:M	2538734 01/09/1998
15020971	200	200	NML FLT 0018 EWR-TLV Class:M	2538734 18/10/1998
15020971	200	200	NML FLT 0001 TLV-JFK Class:M	2538734 23/10/1998
15020971	200	200	NML FLT 0018 EWR-TLV Class:M	2538734 25/10/1998
15020971	200	90	NML FLT 0001 TLV-JFK Class:M	2538734 06/11/1998
15044922	200	100	NML FLT 0024 JFK-TLV Class:M	2538734 16/08/1995
15082695	20	20	HRT HERTZ ISRAEL	2538734 07/02/1996
15082695	200	200	NML FLT 0008 JFK-TLV Class:M	2538734 04/09/1996
15082695	200	200	NML FLT 0001 TLV-JFK Class:M	2538734 16/09/1996
15082695	200	200	NML FLT 0004 JFK-TLV Class:M	2538734 25/12/1996
15082695	200	200	NML FLT 0001 TLV-JFK Class:M	2538734 01/01/1997
15082695	1	1	Change Vcr No.15082695	2538734 24/08/1999
15082695	1	1	Change Vcr No.15082695	2538734 11/10/2000
15082695	90	90	Bought Points Vcr No.15082695	2538734 11/10/2000
15082695	1	1	Change Vcr No.15082695	2538734 11/10/2000
15082696	200	110	NML FLT 0001 TLV-JFK Class:M	2538734 06/11/1998

ט.ה.

EL AL

תאריך: 17/01/2003 17:08
 תד: 3
 FREQUENT FLYER CLUBS

TL 2538734 רבח רפסמ

GILADI RONI

וקפנוהש סירבוש תדוקנה טוריפ

רבח רפסמ	הלועפ דיראת	תולועפ / תוסית טוריפ	ולצונש תדוקנ תואכו תדוקנ	רבח רפסמ
2538734	24/01/1999	NML FLT 0104 EWR-TLV Class:M	200	15082696
2538734	02/02/1999	NML FLT 0001 TLV-JFK Class:M	200	15082696
2538734	19/04/1999	NML FLT 0018 EWR-TLV Class:M	200	15082696
2538734	06/05/1999	NML FLT 0001 TLV-JFK Class:M	200	15082696
2538734	11/10/2000	Change Vcr No.15082696	1	15082696
2538734	16/08/1995	NML FLT 0024 JFK-TLV Class:M	200	15275143
2538734	31/08/1995	NML FLT 0001 TLV-JFK Class:M	200	15275143
2538734	11/10/2000	Bought Points Vcr No.15275143	350	15275143
2538734	11/10/2000	Change Vcr No.15275143	1	15275143
2538734	04/10/2000	NML FLT 0022 JFK-TLV Class:N	110	15568123
2538734	11/10/2000	LY EL AL SPECIAL POINTS E-MAIL ADDRESS UPDATE	20	15568123
2538734	27/10/2000	NML FLT 0017 TLV-EWR Class:N	110	15568123
2538734	17/02/2001	NML FLT 0008 JFK-TLV Class:N	110	15568123
2538734	01/03/2001	NML FLT 0003 TLV-JFK Class:N	110	15568123
2538734	08/06/2001	NML FLT 0019 TLV-EWR Class:N	110	15568123
2538734	07/08/2002	Bought Points Vcr No.15568123	430	15568123

ט.ר.ח.

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006185

PNR #: LJTX3Y

Requestor:

From:

Phone:

Fax:

email:

PHTS LY 0001 DATE 22SEP02 A-Z
 PURGE PURGE CREATION ORIGINATOR
 DATE FLT NO TIME DATE TELETYPE DUTY SIGN CITY
 22SEP02 LY0001 1523 10OCT01 GS AN NYC
 TKT-DATA STORED: NO LJTX3Y PNR. ADDR. 8433D0FB

NAMES

1GILADI/RONI

ITINERARY

LY0008 M 05SEP JFKTLV HK 1 2310-4 1635-5 Y-M
 LY0001 D 19SEP TLVJFK HK 1 0100-4 0530-4 C-D

PHONE

NYCLY-H 973 578 7697 BEEPER ✓

NYCLY-H 09 8625093 ✓

HOST AIRLINE FACTS

SSRFQTVLY HK 0001 LY0001 19SEP 1GILADI/RONI TL253873
 SSRFQTVLY HK 0001 LY0008 05SEP 1GILADI/RONI TL253873
 SSRNSSTLY HK 0001 LY0008 05SEP 1GILADI/RONI SEAT 30J
 SSRNSSTLY HK 0001 LY0001 19SEP 1GILADI/RONI SEAT 10G

REMARKS

SYSN UTR/1556/14MAR/NYCLY/SI/

NYCLYGS CK DUPE W/LFF2T4 NYCGSGS11JUL

SYSN LMTC/1322/07AUG/NYCLY/BL/

NYCLYBL DUPE XLD NYCBLS08AUG

NYCLYBL ATTN TLV/NYC WE HV BEEN UNA TO REACH PAX PLS TRY ISR NMB

0 R RE SC LY28/28AUG THX NYCBLS08AUG

NYCLYBL ..PLS ALSO ADV HIM HIS DUPE PNR XCLD THX

NYCLYHG OSI LY BON BP 114 2407156617-1GILADI/RONI

NYCLYHG OSI LY BON BP 114 2407156620-1GILADI/RONI

NYCLYLB PSGR HLDING 2 OW BONUS TKTS STICKERED FOR ABOVE FLTS NYC

LBGS04SEP

RECEIVED FROM

RCVD-PSGR/CTO

TICKETING

A NYCLY10OCTAN 1142407156617 GILADI/RONI

A NYCLY10OCTAN 1142407156620 GILADI/RONI

TICKET INDEX

9 T GILADI/RONI

1142407156617 LYN CAN10OCT

5 T GILADI/RONI

1142407156620 LYN CAN10OCT

HISTORY

AS LY0018 M 30JUL EWRTL V HS 1 1930-2 1255-3 Y-M

RCVD-PSGR/CTO

10OCT01 1523 NYCLYANGS

AP NYCLY /10OCT/ 1142407156617 GILADI/RONI

RCVD

10OCT01 1528 NYCLYANGS

XP NYCLY /22JUL/

RCVD

10OCT01 1528 NYCLYANGS

AS LY0001 D 30AUG TLVJFK HS 1 0100-5 0540-5 C-D

PNR #: LJTX3Y

Page 2 of 3

RCVD-PSGR
 10OCT01 1533 NYCLYANGS
 AP NYCLY /10OCT/ 1142407156620 GILADI/RONI
 RCVD
 10OCT01 1543 NYCLYANGS
 SC LY0001 D 30AUG TLVJFK HK 1-WK 0100-5 0540-5 C-D
 AS LY0001 D 30AUG TLVJFK SC 1 TC 0100-5 0545-5 C-D
 RCVD-SM.REAC/0944Z/29NOV01
 SC LY0018 M 30JUL EWRTL HK 1-WK 1930-2 1255-3 Y-M
 AS LY0018 M 30JUL EWRTL SC 1 TC 1930-2 1315-3 Y-M
 RCVD-SM.REAC/1518Z/05DEC01
 SC LY0018 M 30JUL EWRTL SC 1-WK 1930-2 1315-3 Y-M
 AS LY0028 M 30JUL EWRTL SC 1 TC 1430-2 0815-3 Y-M
 RCVD-SM.REAC/1429Z/12FEB02
 QA QACTN-QR
 RCVD
 12FEB02 1430 QOSLYLBSM
 QA QACTN-QEP/72
 RCVD
 12FEB02 1503 NYCLYCSSL
 XF NYCLY-H 973 578 7697
 AF NYCLY-H 973 578 7697 BEEPER
 RCVD-HD/Q72 BEEPER
 26MAR02 0025 NYCLYHDGS
 AS LY0028 S 28AUG EWRTL HS 1 1430-3 0815-4 Y-S
 RCVD-PAX
 27JUN02 1218 TLVLYEOGS
 AF TLVLY-09/8625093
 Y RCVD-PAX
 27JUN02 1225 TLVLYMOSU
 QA QACTN-QEP/NYC
 RCVD-PAX
 27JUN02 1228 TLVLYMOSU
 XS LY0001 D 30AUG TLVJFK SC 1-SC TC 0100-5 0545-5 C-D
 XS LY0001 D 30AUG TLVJFK HK 1-WK 0100-5 0540-5 C-D
 XS LY0028 M 30JUL EWRTL SC 1-SC TC 1430-2 0815-3 Y-M
 XS LY0018 M 30JUL EWRTL SC 1-WK 1930-2 1315-3 Y-M
 XS LY0018 M 30JUL EWRTL HK 1-WK 1930-2 1255-3 Y-M
 AS LY0001 D 22SEP TLVJFK HS 1 0100-7 0530-7 C-D
 XH FQTV XX 01 LY0028 M 30JUL 1GILADI/RONI TL253873
 RCVD-PAX
 27JUN02 1230 TLVLYMOSU
 QA QACTN-QR
 RCVD
 27JUN02 1233 NYCLYBLGS
 SC LY0028 S 28AUG EWRTL HK 1-WK 1430-3 0815-4 Y-S
 AS LY0028 S 28AUG EWRTL SC 1 TC 1430-3 0755-4 Y-S
 RCVD-SM.REAC/0855Z/03JUL02
 QA QACTN-QEP/12
 RCVD
 11JUL02 1235 NYCLYGSGS
 QA QACTN-QEP/11
 RCVD
 01AUG02 1214 NYCLYBLGS
 XS LY0028 S 28AUG EWRTL HK 1-WK 1430-3 0815-4 Y-S
 8 SC LY0028 S 28AUG EWRTL SC 1-HK TA 1430-3 0755-4 Y-S
 QA QACTN-QEP/TLV/00
 RCVD-UTR PAX
 08AUG02 1756 NYCLYBLGS
 QA QACTN-QR

PNR #: LJTX3Y

RCVD
08AUG02 1956 TLVLYSNSU
XS LY0028 S 28AUG EWRTL SC 1-HK 1430-3 0755-4 Y-S
AS LY0008 S 05SEP JFKTLV HS 1 2310-4 1635-5 Y-S
RCVD-GILADI/RONI
18AUG02 1519 NYCLYALGS
XS LY0001 D 22SEP TLVJFK NN 1-HK 0100-7 0530-7 C-D
AS LY0001 D 19SEP TLVJFK HS 1 0100-4 0530-4 C-D
RCVD-RONI
25AUG02 1700 NYCLYCYGS
XS LY0008 S 05SEP JFKTLV NN 1-HK 2310-4 1635-5 Y-S
AS LY0008 M 05SEP JFKTLV HS 1 2310-4 1635-5 Y-M
RCVD-PSGR
04SEP02 1611 NYCLYLBGS
XF TLVLY-09/8625093
AF NYCLY-H 09 8625093
RCVD-PSGR
04SEP02 1614 NYCLYLBGS
QA QACTN-QR
RCVD
04SEP02 1916 NYCLYSCSU
QA QACTN-QR
RCVD
05SEP02 1332 TLVLYDQSU
QA QACTN-QR
RCVD
11SEP02 1442 TLVLYDQSU
0 QA QACTN-QR
RCVD
17SEP02 1830 TLVLYEDGS

T705QP01 *
T705QP01 *

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PNR #: L3FRKH

Page 1 of 3

Requestor:

From:

Phone:

Fax:

email:

PHTS LY0019 DATE 28JUN02 A-Z
 PURGE PURGE CREATION ORIGINATOR
 DATE FLT NO TIME DATE TELETYPE DUTY SIGN CITY
 28JUN02 LY0019 1540 24APR02 GS MGLY NYC
 TKT-DATA STORED: NO L3FRKH PNR. ADDR. 8059788B

NAMES

2GILADI/RONI/MATTHEW
 1LUSTIG/KEREN

ITINERARY

LY0008 N 18JUN JFKTLV HK 3 2350-2 1705-3 Y-N
 LY0019 N 28JUN TLVEWR HK 3 1225-5 1705-5 Y-N

PHONE

XIDLQY-QAN-P*973 578 7697
 XIDLQY-QAN-P*212-764-8000IDEAL TOURS PERRY
 NYCLY-H 973 578 7697
 NYCLY-A 09 862 5 093

HOST AIRLINE FACTS

SSRFQTVLY HK 0001 LY0019 28JUN 1LUSTIG/KEREN AA50U2B16
 SSRFQTVLY HK 0001 LY0019 28JUN 1GILADI/MATTHEW AA62R96L2
 SSRFQTVLY HK 0001 LY0019 28JUN 1GILADI/RONI AAJ477996
 SSRNSSTLY HK 0002 LY0019 28JUN 2GILADI/RONI/MATTHEW SEAT 24AB
 SSRNSSTLY HK 0001 LY0019 28JUN 1LUSTIG/KEREN SEAT 24C
 SSRFQTVLY HK 0001 LY0008 18JUN 1LUSTIG/KEREN AA50U2B16

H SSRFQTVLY HK 0001 LY0008 18JUN 1GILADI/RONI AAJ477996
 SSRFQTVLY HK 0001 LY0008 18JUN 1GILADI/MATTHEW AA62R96L2
 SSRNSSTLY HK 0002 LY0008 18JUN 2GILADI/RONI/MATTHEW SEAT 29AB
 SSRNSSTLY HK 0001 LY0008 18JUN 1LUSTIG/KEREN SEAT 29C
 SSRCHMLLY HK 0001 LY0008 18JUN 1GILADI/MATTHEW
 SSRCHMLLY HK 0001 LY0019 28JUN 1GILADI/MATTHEW
 OSI LY 1CHD 1GILADI/M 03/YRS

REMARKS

NYCLYSR ATT XID/NYC...PLS ADV PSGR*S PSPT DETAILS ASAP-THKS NYCS
 RSU24MAY
 NYCLYEP BEEPED PAX REGARDING TRANSFER NYCEPSU17JUN
 NYCLYND *PER AGT/SAMUEL WCB TO ADV IS PSGRS WILL TSFR TO 028/DTE
 NYCNDU17JUN

RECEIVED FROM

RCVD-RONI

TICKETING

O XIDLQY29APRAH 1147659834567/8/9

TICKET INDEX

0	GILADI/RONI	
	LY	LY
0	LUSTIG/KEREN	
	LY	LY
0	GILADI/MATTHEW CH03YRS	
	LY	LY

H HISTORY

AS LY0028 N 17JUN EWRTLV HS 3 1430-1 0815-2 Y-N
 AS LY0019 N 28JUN TLVEWR HS 3 1225-5 1705-5 Y-N

PNR #: L3FRKH

RCVD-RONI
24APR02 1540 NYCLYMGGs
RL XIDLY
RLOC-XIDLY
24APR02 1546 NYCLYMGGs
XF NYCLY-T 212 764 8800 IDEAL /RONI
AF NYCLY-T 212 764 8000 IDEAL /RONI
RCVD-RONI
24APR02 1615 NYCLYMGGs
AP XIDLY /29APR/ 1147659834567/8/9
RCVD-PER
29APR02 1355 XIDLYAHAS
XP NYCLY /29APR/
RCVD
29APR02 1357 NYCLYHDGS
XS LY0028 N 17JUN EWRTLNN 3-HK 1430-1 0815-2 Y-N
AS LY0008 N 17JUN JFKTLV HS 3 2350-1 1705-2 Y-N
XH NSST XB 02 LY0028 N 17JUN 2GILADI/RONI/MATTHEW SEAT 25HJ
XH NSST XB 01 LY0028 N 17JUN 1LUSTIG/KEREN SEAT 25K
RCVD-RONI
29APR02 1758 NYCLYEOGS
AF NYCLY-H 09 862 5 093
RCVD-RONI
29APR02 1758 NYCLYEOGS
SC LY0008 N 17JUN JFKTLV HK 3-RR 2350-1 1705-2 Y-N
RCVD-RONI
E 29APR02 1759 NYCLYEOGS
XS LY0008 N 17JUN JFKTLV HK 3-RR 2350-1 1705-2 Y-N
AF XIDLY-QAN-P*973 578 7697
AS LY0028 N 18JUN EWRTLNN 3-HK 1430-2 0755-3 Y-N
XH NSST XB 02 LY0008 N 17JUN 2GILADI/RONI/MATTHEW SEAT 23HJ
XH NSST XB 01 LY0008 N 17JUN 1LUSTIG/KEREN SEAT 23K
RCVD-P
30APR02 1925 XIDLYAHAS
AS LY0008 N 18JUN JFKTLV PD 3 2350-2 1705-3 Y-N
RCVD-P
23MAY02 1804 XIDLYAHAS
XS LY0028 N 18JUN EWRTLNN 3-HK 1430-2 0755-3 Y-N
SC LY0008 N 18JUN JFKTLV PD 3-KL 2350-2 1705-3 Y-N
XH CHML XX 01 LY0028 N 18JUN 1GILADI/MATTHEW
XH FQTV XX 01 LY0028 N 18JUN 1LUSTIG/KEREN AA50U2B16
XH FQTV XX 01 LY0028 N 18JUN 1GILADI/MATTHEW AA62R96L2
XH FQTV XX 01 LY0028 N 18JUN 1GILADI/RONI AAJ477996
RCVD-AGT/SAMUEL
23MAY02 2020 NYCLYND SU
QA QACTN-QEP/30
RCVD
23MAY02 2036 NYCLYRRSU
SC LY0008 N 18JUN JFKTLV KL 3-HK 2350-2 1705-3 Y-N
9 RCVD-P
23MAY02 2210 XIDLYAHAS
QA QACTN-QEP/XID/00
RCVD
23MAY02 2339 NYCLYSRSU
AF XIDLY-QAN-P*212-764-8000 IDEAL TOURS PERRY
RCVD-PER
24MAY02 1318 XIDLYAHAS
XF NYCLY-T 212 764 8000 IDEAL /RONI
XF NYCLY-P 973 578 7697
XF NYCLY-H 09 862 5 093

PNR #: L3FRKH

Page 3 of 3

AF NYCLY-H 973 578 7697
AF NYCLY-A 09 862 5 093
QA QACTN-QEP/QAN/97
RCVD-ND/PFC
14JUN02 2108 NYCLYND SU
QA QACTN-QR
RCVD
17JUN02 1430 TLVLYOHSU
QA QACTN-QEP/QAN/83
RCVD
17JUN02 1507 NYCLYEPSU
QA QACTN-QEP/QAN/97
RCVD
17JUN02 1552 NYCLYND SU
QA QACTN-QR
RCVD
19JUN02 1603 NYCLYND SU
QA QACTN-QR
RCVD
23JUN02 1324 TLVLYLNSU

T705QP01 *
T705QP01 *

FILED
SEP 12 1990

THOMAS P. ZAMPINO
J.S.C.

EDWARD S. SNYDER
5 Becker Farm Road
Roseland, NJ 07068
(201) 994-4442
Attorney for Plaintiff

SUPERIOR COURT OF NEW JERSEY
CHANCERY DIV., ESSEX COUNTY
FAMILY PART
DOCKET NO. FM-37623-89

BETH HOROWITZ GILADI,
Plaintiff,

vs.

RONI GILADI,
Defendant.

:
:
:
:
:
:
:
:
:
:
:

Civil Action

FINAL JUDGMENT OF DIVORCE

This matter being heard on May 7, ~~23~~, 24, and June 14, 1990, before the Honorable Thomas P. Zampino, in the presence of Edward S. Snyder, Esq., attorney for plaintiff, and defendant, Roni Giladi, appearing pro se; upon Complaint and Answer; and it appearing that plaintiff and defendant were married to each other on June 21, 1981, and the plaintiff having pleaded and proved a cause of action for divorce on the ground of extreme cruelty under the Statute in such case made and provided; and the plaintiff having been a bona fide resident of this State for more than one year next preceding the commencement of this action; and jurisdiction having been acquired over the defendant pursuant to the Rules governing the courts; and for good cause shown;

CCS192

It is, thereupon, on this 12th day of September, 1990, by the Superior Court of New Jersey, Chancery Division, ORDERED and ADJUDGED, and such Court, by virtue of the power and authority of this Court, and the acts of the Legislature in such case made and provided, does hereby ORDER and ADJUDGE that the plaintiff, Beth Horowitz Giladi, and the defendant, Roni Giladi, be divorced from the bonds of matrimony for the cause aforesaid; and the parties, and each of them, be freed and discharged from the obligation thereof; and

It is further ORDERED and ADJUDGED as follows:

JEWISH DIVORCE

1. That defendant shall forthwith, and at his expense, secure a Jewish divorce ("Get").

CUSTODY AND VISITATION

2. That custody and visitation of the two minor children born of the marriage, Aviram and Leor, shall be governed by the Order for Custody and Visitation entered by this Court on July 2, 1990, a copy of which is attached hereto.

3. That defendant is permitted to visit the schools attended by the children, and he may call staff members of those schools concerning the children's progress or any problems arising at the school(s) concerning them; and defendant shall have access to all school and medical records of the children.

4. That notwithstanding Paragraph 4 of the Order for Custody and Visitation annexed hereto, if defendant removes the children out of the State of New Jersey for any purpose during

his permitted visitation, he is to notify plaintiff in advance; and if plaintiff removes the children out of the State of New Jersey for any purpose in excess of seven days, she shall notify defendant in advance.

RESTRAINTS

5. That the following restraints shall continue in full force and effect:

A. That plaintiff's attorney shall hold defendant's American and Israeli passports; defendant may apply for duplicate American and Israeli passports since he claims that the originals have either been lost, stolen or misplaced, and upon receipt of same he shall forthwith turn them over to plaintiff's attorney.

B. That defendant and/or any member of his family is/are restrained from removing the infant children of the marriage from the State of New Jersey in any manner inconsistent with Paragraph 4 above.

C. That defendant and/or any member of his family is/are restrained from removing the infant children of the marriage from their respective schools.

D. That defendant is restrained from removing the children from plaintiff's custody and control other than during specific visitation as provided in the Order for Custody and Visitation attached hereto.

E. That defendant is restrained from in any way threatening, harassing or molesting the plaintiff or the infant children of the marriage at plaintiff's home, her place of

business or any other place, either in person or on the telephone.

F. That defendant is restrained from entering plaintiff's residence without plaintiff's prior permission.

G. That both parties are restrained from belittling the other in the presence of the parties' children, or in any way attempting to alienate the affections of the children from the other party.

H. That defendant is restrained from returning to the street on which plaintiff resides, i.e., Glen Road, West Orange, New Jersey, except pursuant to the provisions contained in the Order for Custody and Visitation attached hereto.

I. That defendant is restrained from having any contact with or harassing plaintiff's relatives in any way.

J. That defendant is prohibited from contacting any of plaintiff's employer's or employees, including but not limited to her babysitter.

K. That the police departments of the towns in which plaintiff resides and the minor children attend school are hereby ordered to assist plaintiff with regard to the enforcement of these restraints.

SUPPORT AND MAINTENANCE

6. That neither party shall receive alimony from the other.

7. That defendant shall, through the Essex County Probation Department or the Probation Department of any County in

which defendant may subsequently reside, pay to plaintiff the sum of \$150 per week for the support of the two minor children, allocated \$75 per week per child; and said support shall commence upon the closing date of the sale of the real estate located at 5 Walker Road, West Orange, New Jersey, or on January 1, 1991, whichever date first occurs; and defendant shall pay the child support directly to plaintiff until he is notified that an account has been established by the Probation Department.

8. That defendant shall name the two minor children as beneficiaries on his medical insurance coverage through his employment, and he shall provide plaintiff with proof of coverage on a reasonable basis. Defendant shall forthwith, as previously ordered by this Court, provide plaintiff's attorney with a supply of signed medical insurance reimbursement forms. All medical reimbursement checks shall be sent directly by the insurance company to the provider of medical services, and any unreimbursed medical, dental, hospitalization and prescription drug expenses shall be paid equally by the parties, with defendant either paying directly or reimbursing plaintiff his 50% share within 15 days of notification to him.

9. That defendant shall pay private school expenses for the two minor children in the amount of \$500 per child for each school year, and said monies shall be paid by defendant directly to plaintiff on the first day of August of every year. (For example, on August 1, 1990, defendant shall pay to plaintiff the

sum of \$1,000 representing his contribution for private school for the two children for the school year 1990-91.)

10. That defendant may take the oldest child, Aviram, as a dependency exemption for Federal and State income tax purposes as long as he complies with the support provisions contained herein; and plaintiff may take the youngest child, Leor, as a dependency exemption for Federal and State income tx purposes.

EQUITABLE DISTRIBUTION

11. That, as to former marital home located at 5 Walker Road, West Orange, New Jersey:

A. The property shall continue to be listed for sale with Degnan Boyle Realtors and defendant shall fully cooperate with the realtors by allowing them access to the premises and maintaining the premises in no less than its present condition. If defendant does not cooperate, at the request of the realtors there shall be a lock box placed on the premises.

B. Pending sale of the property defendant shall be responsible for the payment of the mortgage and home equity line of credit on a monthly basis.

C. That the net proceeds from the sale, after payment of real estate commissions, the balance of the first mortgage, the balance of the home equity line of credit and other necessary costs of sale shall be divided as follows: 70% to plaintiff and 30% to defendant, subject to any adjustments provided in this Judgment. Plaintiff shall bear any respon-

sibility for any collection sought by her parents as to monies advanced to the parties for purchase of the real estate.

12. That notwithstanding the prior Orders of this Court, defendant has not returned the Kimball baby grand piano to plaintiff; therefore, he shall pay to plaintiff the sum of \$2,500 from his share of the proceeds from the sale of the property, and he shall keep the piano.

13. That defendant shall have sole title to his pension plan.

14. That neither party shall have any credits as to the 1987 Volvo automobile.

15. That each party shall keep the furniture and furnishings in his or her possession, with the exception of the Carrier air conditioner in the master bedroom of the former marital home and the children's toys, which defendant shall return to plaintiff on or before July 15, 1990.

PRIOR OBLIGATIONS

16. That upon receipt of the medical reimbursement forms as provided in Paragraph 8 above, plaintiff shall apply for reimbursement for all prior medical bills on behalf of the children; and upon receipt of the reimbursement, if a bill was paid by plaintiff, she shall keep the entire amount. Defendant shall pay from his share of the proceeds from the sale of the former marital home all unreimbursed medical bills for the children pursuant to the Pendente Lite Order.

17. That on or before July 30, 1990, defendant shall pay the sum of \$900 representing the balance of his obligation for the private school of the child Leor through the school year ending June, 1990, pursuant to the prior Orders of this Court.

Additional documentation to modify this figure may be provided.
18. That all pendente lite child support arrears are extinguished.

19. That all arrears on the first mortgage and the home equity line of credit on the former marital home and all payments due on same, including penalties, late payments and attorney's fees due through the date of closing, shall be paid from defendant's share of the proceeds from sale.

LIFE INSURANCE

20. That defendant shall name plaintiff as beneficiary in trust for the two minor children on a life insurance policy on his life in the amount of \$100,000; and he shall provide plaintiff with proof of coverage and beneficiary designation within 30 days of June 21, 1990, and on an annual basis in the future.

COUNSEL FEES

21. That defendant shall pay to Edward S. Snyder, Esq., as a contribution toward plaintiff's attorney's fees, the sum of \$7,500 from his share of the proceeds from the sale of the former marital home.


THOMAS P. ZAMPINO, J.S.C.

FOR THE REASONS OF
THIS COURT, IT IS ORDERED THAT AN
ARREARAGE OF \$900 BE PAID BY
DEFENDANT TO PLAINTIFF FOR THE
MONTH OF JUNE, 1990. THE COURT HAS
ACCEPTED AN AFFIDAVIT TO THE
AMOUNT OF \$900 PAYABLE FOR 14
DAYS, THE INFORMATION DEPT
RECORDING THE COURT SHALL ISSUE AN
INCOME WITHHOLDING UPON THE
OBLIGOR'S CURRENT AND FUTURE
INCOME SOURCES.

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Attorney for Plaintiff

SUPERIOR COURT OF NEW JERSEY
CHANCERY DIVISION, ESSEX COUNTY
FAMILY PART
DOCKET NO. FM-37623-89

BETH HOROWITZ GILADI,
Plaintiff,

vs.

RONI GILADI,
Defendant.

Civil Action

ORDER

This matter being heard on May 10, 1991, before the Honorable Thomas P. Zampino, in the presence of Edward S. Snyder, Esq., attorney for plaintiff, Beth Horowitz Giladi; and defendant, Roni Giladi, appearing pro se; upon defendant's Notice of Motion dated March 5, 1991, and upon defendant's Notice of Cross Motion dated March 12, 1991; and the Court having heard and considered argument and having read and considered the pleadings filed herein; and for good cause shown;

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